

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: **THORNTON** § EXAMINER: **STOICA, M.**  
SERIAL NO: **09/699,805** § GROUP ART UNIT: **3715**  
FILED: **10/30/2000** § DOCKET: **98006/17UTL**  
§  
**FOR: APPARATUS FOR SIMULATING A PULSE**  
**AND HEART BEAT AND METHODS FOR USING**  
**SAME TO TRAIN MEDICAL PROFESSIONALS** §

CERTIFICATION UNDER 37 C.F.R. § 1.10	
I hereby certify that this Application and the documents referred to as enclosed therein are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," addressed to: Commissioner for Patents MS AF P.O. Box 1450, Alexandria, VA 22313-1450	
Robert W. Strozier	Date of Deposit
Date of Signature	

**DECLARATION WITH POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **APPARATUS FOR SIMULATING A PULSE AND HEART BEAT AND METHODS FOR USING SAME TO TRAIN MEDICAL PROFESSIONALS.**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56(a).

I hereby **do not claim** foreign priority benefits under 35 U.S.C. § 119.

I hereby **do not claim** domestic priority benefits under 35 U.S.C. § 120.

I hereby **claim provisional application priority benefits** under 35 U.S.C. §119 (e) of any provisional application(s) under 35 U.S.C. §111(b) listed below:

**PRIORITY PROVISIONAL APPLICATION(S)**

		Priority Claimed
		(x) Yes <input type="checkbox"/> No
<b>60/162,308</b> (Provisional Number)	<b>10/28/99</b> (Day/Mo./Yr.)	

**POWER OF ATTORNEY**

I hereby revoke any previous Powers of Attorney and appoint **Robert W. Strozier**, **Registration No. 34,024** an attorney with the law firm of **ROBERT W. STROZIER, P.L.L.C.**, P.O. Box 429, Bellaire, TX 77402-0429, **Customer Number 23873**, as its attorney with full power of substitution and revocation, to prosecute the application, to make alterations and amendments therein, to transact all business in the Patent and Trademark Office in connection therewith and to receive the Letters Patent.

I hereby direct that all correspondence and telephone calls be addressed associated with customer number:

**23873**

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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